

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007390

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No.

267

Primary Registration District No.

3088

Registrar's No.

47

AMENDED

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN HaytiLength of stay in 1b  
3 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Pemiscot Co. Mem. HospInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN Caruthersville

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1202 GrandReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

George

I. PACE

## 4. DATE OF DEATH

Month

Day

Year

February 13, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6-14-89

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Labor

## 10b. KIND OF BUSINESS OR INDUSTRY

Cotton Gin

## 11. BIRTHPLACE (City and state or country)

Woodson Co. Kansas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

John W. Pace

## 13b. MOTHER'S MAIDEN NAME

Amanda Lankford

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

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## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Florence Dieckmann, Leadwood,

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Cerebrovascular accident  
Arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

2 days  
4 hrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2/11/62 to 2/13/62 and last saw her alive on 2/13/62  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Warren R. McCoy MD

## Degree or title

## 22b. ADDRESS

Caruthersville, Mo

## 22c. DATE SIGNED

2/26/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

Burbon Cemetery

## 23d. LOCATION (City, town, or county)

Burbon, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

John W. German Funeral Home, Hayti, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-26-62

## 26. REGISTRAR'S SIGNATURE

Charlotte E. Sherry

(Licensed Embalmer's Statement on Reverse Side)

1961 1 APR SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John W. Lee*

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.